

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 936 804
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		9		9		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
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26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		9		1		
31		9		1		
32		9		1		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		9		1		
38		9		1		
39	1		1			
40						
41						
42						
43						
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46						
47						
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	42	↓		↓
TOTAL CLAIMS			47			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS